

## February-04-13 7:31:32 AM

Page 1

## Quality Control

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                              | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                              | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                              | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                              | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause                             | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|----------------------------------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling <input type="checkbox"/> |      |      |     |                                                     |                   |                    |             |              |              |
| Operator <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Material <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Setup <input type="checkbox"/>         |      |      |     |                                                     |                   |                    |             |              |              |
| Other <input type="checkbox"/>         |      |      |     |                                                     |                   |                    |             |              |              |
| Process <input type="checkbox"/>       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Training <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved <input type="checkbox"/>    |      |      |     |                                                     |                   |                    |             |              |              |

### FAULT CATEGORY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

☐ Ovalized  
☐ Over/Under tolerance  
☐ Part Incorrect  
☐ Part Lost/Missing  
☐ Part Moved  
☐ Positioned Wrong  
☐ Power Loss/Surge

☐ Pressure/Forced  
☐ Temperature/Cure  
☐ Weld  
☐ Wrong Stock Pulled  
☐ Other

## February-04-13 7:31:32 AM

Page 2

14       $\emptyset$        $\emptyset$        $A_2$   
13-2-20

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                              | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                              | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                              | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                              | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause                             | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|----------------------------------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling <input type="checkbox"/> |      |      |     |                                                     |                   |                    |             |              |              |
| Operator <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Material <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Setup <input type="checkbox"/>         |      |      |     |                                                     |                   |                    |             |              |              |
| Other <input type="checkbox"/>         |      |      |     |                                                     |                   |                    |             |              |              |
| Process <input type="checkbox"/>       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Training <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved <input type="checkbox"/>    |      |      |     |                                                     |                   |                    |             |              |              |

### FAULT CATEGORY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Work Order ID 96780**

February-04-13 7:31:32 AM

**\*96780\***

Page 3

Item ID: D2892-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Support

Start Date: 2/04/13 Start Qty: 14.00

**\*14\***

Cust Item ID:

Required Date: 3/18/13 Req'd Qty: 14.00

**\*14\***

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

180

QC21- Final Inspection - Work Order Release

0.00

**\*180\***

QC

Memo

0.00

Quality Control

13-02-20

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
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| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                              | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                              | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                              | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                              | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
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| Doc/Data      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |                                                     |                   |                    |             |              |              |
| Operator      |      |      |     |                                                     |                   |                    |             |              |              |
| Material      |      |      |     |                                                     |                   |                    |             |              |              |
| Setup         |      |      |     |                                                     |                   |                    |             |              |              |
| Other         |      |      |     |                                                     |                   |                    |             |              |              |
| Process       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier      |      |      |     |                                                     |                   |                    |             |              |              |
| Training      |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved    |      |      |     |                                                     |                   |                    |             |              |              |

### FAULT CATEGORY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                         |  |
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| <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

# Picklist Print

February-04-13 7:31:42 AM

Page 1  
T

Work Order ID: 96780

\*96780\*

Parent Item: D2892-1

\*D2892-1\*

Parent Item Name: Support

Start Date: 2/04/13

Required Date: 3/18/13

Start Qty: 14.00

Required Qty: 14.00

## Comments:

IPP C02.11.26Added P/O KJ

IPP D 08.03.19 Re-format EC verified by: DD

IPP Rev:E

11.08.04 as per dwg rev.B DD verf:EC

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| DSK077                          |                        | Manufactured  | No          |                     |                  | 110             | Each               | 7.0000         | 0.5         | 7            |               |                |        |

\*DSK077\*

\*\*

D2892-1 TURNING DETAIL

## Location

## Loc Qty

## Loc Code

MAT050

1

92190

1

MAT060

6

92604

6

1  
6

BC 13-02-11

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |              |  |  |
| Root Cause                                                   | Date | Step | Qty | Description of work order update or Non-conformance                                                                                                                             | Initial Chief Eng | Action Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sign & Date | Verification | QC Inspector |  |  |
| Doc/Data                                                     |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Equip/Tooling                                                |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Operator                                                     |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Material                                                     |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Setup                                                        |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Other                                                        |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Process                                                      |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Supplier                                                     |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Training                                                     |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Unapproved                                                   |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |

| FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |



|                                    |               |                     |         |
|------------------------------------|---------------|---------------------|---------|
| <b>DART AEROSPACE LTD</b>          |               | <b>Work Order:</b>  | 96780   |
| <b>Description:</b> Ø2.500 Support |               | <b>Part Number:</b> | D2892-1 |
| <b>Inspection Dwg:</b> D2892       | <b>Rev:</b> B | <b>Page 1 of 1</b>  |         |

### FIRST ARTICLE INSPECTION DIMENSION SHEET

☒ First Article ☐ Prototype

|               |       |       |                | Record Actual Dimensions |       |       |       |       |
|---------------|-------|-------|----------------|--------------------------|-------|-------|-------|-------|
| Dim           | Min   | Max   | Go/No Go Gauge | 1                        | 2     | 3     | 4     | 5     |
| HAAS Section  |       |       |                |                          |       |       |       |       |
| AA            | 0.115 | 0.135 |                | .134                     | .174  | .134  | .134  | .134  |
| AB            | 0.290 | 0.310 |                | .300                     | .300  | .300  | .300  | .300  |
| AC            | 0.040 | 0.060 |                | .050                     | .050  | .050  | .050  | .050  |
| AD            | 0.115 | 0.135 |                | .127                     | .127  | .127  | .127  | .127  |
| AE            | 0.240 | 0.260 |                | .250                     | .250  | .250  | .250  | .250  |
| AF            | 0.188 | 0.193 |                | .188                     | .188  | .188  | .188  | .188  |
| AG            | 0.240 | 0.260 |                | .250                     | .250  | .250  | .250  | .250  |
| AH            | 1.126 | 1.146 |                | 1.145                    | 1.143 | 1.143 | 1.145 | 1.144 |
| AI            | 0.454 | 0.474 |                | .467                     | .467  | .462  | .464  | .462  |
| AJ            | 0.240 | 0.260 |                | .250                     | .250  | .250  | .250  | .250  |
| AK            | 0.053 | 0.073 |                | .063                     | .063  | .063  | .063  | .063  |
| AL            | 0.257 | 0.262 |                | .260                     | .260  | .260  | .260  | .260  |
| AM            | 1.663 | 1.683 |                | 1.676                    | 1.676 | 1.676 | 1.677 | 1.676 |
| AN            | 0.053 | 0.073 |                | .063                     | .063  | .063  | .063  | .063  |
| AO            | 0.022 | 0.042 |                | .032                     | .032  | .032  | .032  | .032  |
| AP            | 2.779 | 2.789 |                | 2.785                    | 2.785 | 2.784 | 2.784 | 2.784 |
| AQ            |       |       |                |                          |       |       |       |       |
| AR            |       |       |                |                          |       |       |       |       |
| AS            |       |       |                |                          |       |       |       |       |
| AT            |       |       |                |                          |       |       |       |       |
| Accept/Reject |       |       |                |                          |       |       |       |       |

|                            |                     |              |          |
|----------------------------|---------------------|--------------|----------|
| <b>Measured by:</b>        | D. J. / FK 13/02/12 | <b>Date:</b> |          |
| <b>Audited by:</b>         | D. A. 08 9-89       | <b>Date:</b> | 13/02/14 |
| <b>Prototype Approval:</b> |                     | <b>Date:</b> |          |

| Rev | Date     | Change          | Revised by | Approved |
|-----|----------|-----------------|------------|----------|
| A   | 02.12.12 | New Issue       | KJ/RF      |          |
| B   | 08.04.21 | Reformat        | KJ/JLM     |          |
| C   | 12.01.31 | Dwg Rev updated | KJ         | AA       |

|                                    |  |                     |                    |
|------------------------------------|--|---------------------|--------------------|
| <b>DART AEROSPACE LTD</b>          |  | <b>Work Order:</b>  | 96780              |
| <b>Description: Ø2.500 Support</b> |  | <b>Part Number:</b> | D2892-1            |
| <b>Inspection Dwg: D2892</b>       |  | <b>Rev: B</b>       | <b>Page 1 of 1</b> |

### FIRST ARTICLE INSPECTION DIMENSION SHEET

☒ First Article
 ☐ Prototype

|                      |       |       |                | Record Actual Dimensions |       |       |       |       |
|----------------------|-------|-------|----------------|--------------------------|-------|-------|-------|-------|
| Dim                  | Min   | Max   | Go/No Go Gauge | 6                        | 7     | 8     | 9     | 10    |
| <b>HAAS Section</b>  |       |       |                |                          |       |       |       |       |
| AA                   | 0.115 | 0.135 |                | .134                     | .134  | .134  | .134  | .134  |
| AB                   | 0.290 | 0.310 |                | .300                     | .300  | .300  | .300  | .300  |
| AC                   | 0.040 | 0.060 |                | .050                     | .050  | .050  | .050  | .050  |
| AD                   | 0.115 | 0.135 |                | .127                     | .127  | .127  | .126  | .126  |
| AE                   | 0.240 | 0.260 |                | .250                     | .250  | .250  | .250  | .250  |
| AF                   | 0.188 | 0.193 |                | .188                     | .188  | .188  | .188  | .188  |
| AG                   | 0.240 | 0.260 |                | .250                     | .250  | .250  | .250  | .250  |
| AH                   | 1.126 | 1.146 |                | 1.143                    | 1.143 | 1.141 | 1.141 | 1.145 |
| AI                   | 0.454 | 0.474 |                | .462                     | .462  | .463  | .462  | .460  |
| AJ                   | 0.240 | 0.260 |                | .250                     | .250  | .250  | .250  | .250  |
| AK                   | 0.053 | 0.073 |                | .063                     | .063  | .063  | .063  | .063  |
| AL                   | 0.257 | 0.262 |                | .260                     | .260  | .260  | .260  | .260  |
| AM                   | 1.663 | 1.683 |                | 1.677                    | 1.677 | 1.677 | 1.677 | 1.675 |
| AN                   | 0.053 | 0.073 |                | .063                     | .063  | .063  | .063  | .063  |
| AO                   | 0.022 | 0.042 |                | .032                     | .032  | .032  | .032  | .032  |
| AP                   | 2.779 | 2.789 |                | 2.784                    | 2.784 | 2.784 | 2.784 | 2.784 |
| AQ                   |       |       |                |                          |       |       |       |       |
| AR                   |       |       |                |                          |       |       |       |       |
| AS                   |       |       |                |                          |       |       |       |       |
| AT                   |       |       |                |                          |       |       |       |       |
| <b>Accept/Reject</b> |       |       |                |                          |       |       |       |       |

|                            |      |              |          |
|----------------------------|------|--------------|----------|
| <b>Measured by:</b>        | E.K. | <b>Date:</b> | 13/02/12 |
| <b>Audited by:</b>         | D.A. | <b>Date:</b> | 13/02/14 |
| <b>Prototype Approval:</b> |      | <b>Date:</b> |          |

| Rev | Date     | Change          | Revised by | Approved |
|-----|----------|-----------------|------------|----------|
| A   | 02.12.12 | New Issue       | KJ/RF      |          |
| B   | 08.04.21 | Reformat        | KJ/JLM     |          |
| C   | 12.01.31 | Dwg Rev updated | KJ         |          |

|                                    |               |                             |
|------------------------------------|---------------|-----------------------------|
| <b>DART AEROSPACE LTD</b>          |               | <b>Work Order:</b> 96780    |
| <b>Description:</b> Ø2.500 Support |               | <b>Part Number:</b> D2892-1 |
| <b>Inspection Dwg:</b> D2892       | <b>Rev:</b> B | <b>Page 1 of 1</b>          |

### FIRST ARTICLE INSPECTION DIMENSION SHEET

☒ First Article
 ☐ Prototype

|                      |       |       |                | Record Actual Dimensions |       |       |       |    |
|----------------------|-------|-------|----------------|--------------------------|-------|-------|-------|----|
| Dim                  | Min   | Max   | Go/No Go Gauge | 11                       | 12    | 13    | 14    | 15 |
| <b>HAAS Section</b>  |       |       |                |                          |       |       |       |    |
| AA                   | 0.115 | 0.135 |                | .134                     | .134  | .134  | .134  |    |
| AB                   | 0.290 | 0.310 |                | .300                     | .300  | .300  | .300  |    |
| AC                   | 0.040 | 0.060 |                | .050                     | .050  | .050  | .050  |    |
| AD                   | 0.115 | 0.135 |                | .127                     | .127  | .127  | .127  |    |
| AE                   | 0.240 | 0.260 |                | .250                     | .250  | .250  | .250  |    |
| AF                   | 0.188 | 0.193 |                | .188                     | .188  | .188  | .188  |    |
| AG                   | 0.240 | 0.260 |                | .250                     | .250  | .250  | .250  |    |
| AH                   | 1.126 | 1.146 |                | 1.143                    | 1.143 | 1.141 | 1.140 |    |
| AI                   | 0.454 | 0.474 |                | .462                     | .462  | .462  | .461  |    |
| AJ                   | 0.240 | 0.260 |                | .250                     | .250  | .250  | .250  |    |
| AK                   | 0.053 | 0.073 |                | .063                     | .063  | .063  | .063  |    |
| AL                   | 0.257 | 0.262 |                | .260                     | .260  | .260  | .260  |    |
| AM                   | 1.663 | 1.683 |                | 1.675                    | 1.675 | 1.675 | 1.675 |    |
| AN                   | 0.053 | 0.073 |                | .063                     | .063  | .063  | .063  |    |
| AO                   | 0.022 | 0.042 |                | .032                     | .032  | .032  | .032  |    |
| AP                   | 2.779 | 2.789 |                | 2.784                    | 2.784 | 2.784 | 2.784 |    |
| AQ                   |       |       |                |                          |       |       |       |    |
| AR                   |       |       |                |                          |       |       |       |    |
| AS                   |       |       |                |                          |       |       |       |    |
| AT                   |       |       |                |                          |       |       |       |    |
| <b>Accept/Reject</b> |       |       |                |                          |       |       |       |    |

|                            |                       |
|----------------------------|-----------------------|
| <b>Measured by:</b> FK-    | <b>Date:</b> 13/02/12 |
| <b>Audited by:</b> J.A.    | <b>Date:</b> 13/02/14 |
| <b>Prototype Approval:</b> | <b>Date:</b>          |

| Rev | Date     | Change          | Revised by | Approved |
|-----|----------|-----------------|------------|----------|
| A   | 02.12.12 | New Issue       | KJ/RF      |          |
| B   | 08.04.21 | Reformat        | KJ/JLM     |          |
| C   | 12.01.31 | Dwg Rev updated | KJ         | AA       |

**NOTES:**

1) MATERIAL: 17-4 PH STAINLESS STEEL, H900 OR H925 CONDITION  
MIN UTS = 170 KSI (38 HRc)  
(REF DART SPEC. D6104)

2) FINISH: NONE

3) TOLERANCES: PER DART QSI 018 (REF. X.XXX =  $\pm 0.010$ ) UNLESS OTHERWISE NOTED

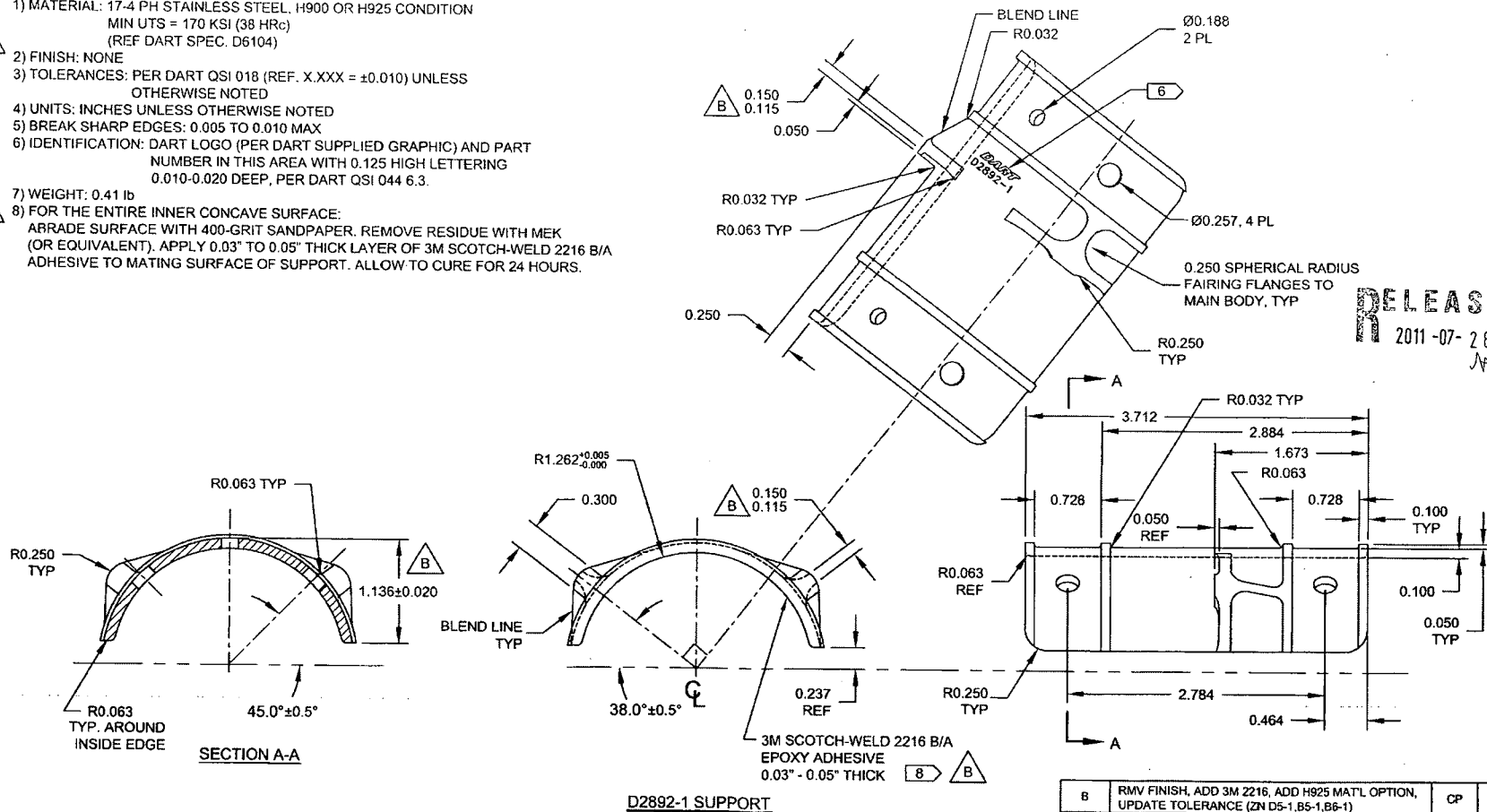
4) UNITS: INCHES UNLESS OTHERWISE NOTED

5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX

6) IDENTIFICATION: DART LOGO (PER DART SUPPLIED GRAPHIC) AND PART NUMBER IN THIS AREA WITH 0.125 HIGH LETTERING  
0.010-0.020 DEEP, PER DART QSI 044 6.3.

7) WEIGHT: 0.41 lb

8) FOR THE ENTIRE INNER CONCAVE SURFACE:  
ARRADE SURFACE WITH 400-GRIT SANDPAPER. REMOVE RESIDUE WITH MEK (OR EQUIVALENT). APPLY 0.03" TO 0.05" THICK LAYER OF 3M SCOTCH-WELD 2216 B/A ADHESIVE TO MATING SURFACE OF SUPPORT. ALLOW TO CURE FOR 24 HOURS.



**RELEASED**  
2011-07-28

|                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |    |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----|----------|
| B                                                                                                                                                                                                                                                                                                                                                                                                                       | RMV FINISH, ADD 3M Z216, ADD H925 MATL OPTION, UPDATE TOLERANCE (ZIN D5-1.B5-1.B6-1) | CP | 11.07.15 |
| A                                                                                                                                                                                                                                                                                                                                                                                                                       | NEW ISSUE                                                                            | CP | 00.11.17 |
| REV.                                                                                                                                                                                                                                                                                                                                                                                                                    | DESCRIPTION                                                                          | BY | DATE     |
| DESIGN                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |    |          |
| DRAWN                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      |    |          |
| CHECKED                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |    |          |
| MFG. APPR.                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |    |          |
| APPROVED                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |    |          |
| DE APPR.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |    |          |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                    | 11.07.15                                                                             |    |          |
| <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA<br>DRAWING NO. D2892<br>TITLE Ø2.500 SUPPORT<br>REV. B SHEET 1 OF 1<br>SCALE NTS<br>COPYRIGHT © 2000 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONVICTION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR DISCLOSED OR REPRODUCED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |                                                                                      |    |          |

96780 MLJ  
13-02-04